

2104

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health BUREAU OF VITAL STATISTICS		State File No. 085	
1. PLACE OF DEATH		County <u>Graham</u> State <u>ARIZONA</u>		Registered No. <u>82</u>	
Township _____		or Village <u>Pima</u>		Ward _____	
City _____		(If death occurred in a hospital or institution, give its NAME instead of street and number)		No. _____	
Length of residence in city or town where death occurred <u>2</u> yrs. <u>0</u> mos. <u>0</u> ds.		How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.		How long in state when death occurred? <u>56</u> yrs. _____ mos. _____ ds.	
2. FULL NAME <u>Sherriff Steel Marshall</u>		(a) Residence: No. <u>Pima</u> St. _____		(Usual place of abode) (If non-resident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Leulla Marshall</u>					
6. DATE OF BIRTH (month, day, and year) <u>Jan 7-1864</u>					
7. AGE	Years <u>74</u>	Months <u>8</u>	Days <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or Country) <u>Etulla, Utah</u>					
13. NAME <u>Geo. Marshall</u>					
14. BIRTHPLACE (city or town) (State or Country) <u>Scotland</u>					
15. MAIDEN NAME <u>Esther Steel</u>					
16. BIRTHPLACE (city or town) (State or Country) <u>England</u>					
17. INFORMANT (Address) <u>Atto Marshall Pima Ariz</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pima Ariz</u> Date <u>10/3/38</u>					
19. EMBALMER { License No. _____ Signature <u>W. C. Rawson</u> FUNERAL DIRECTOR <u>W. C. Rawson</u> Address <u>207 E. Broadway Pima Ariz</u>					
20. Filed <u>Nov-4, 1938</u> Registrar <u>W. C. Rawson</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 1, 1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>September 24, 1938</u> , to <u>October 1, 1938</u>					
I last saw him alive on <u>October 1, 1938</u> ; death is said to have occurred on the date stated above, at <u>6 P.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Coronary Thrombosis</u> <u>Arteriosclerosis</u> <u>Heart Disease</u>					
Date of Onset <u>9-24-38</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____					
Where did injury occur? _____ (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>M. W. Westwell</u> , M. D.					
(Address) <u>Pima, Arizona</u>					